PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required, Biscket I through 5 should be completed where appropriate. All further correspondence including the Flents, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

mannenance ree nouncati	Ulla.					
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.		
61650	7590 11/02	/2007			-	
MVEDE WOLL	NILLC			Certificate of Mailing or Transmission		
MYERS WOLIN, LLC				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEB address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
100 HEADQUARTERS PLAZA				ddressed to the Ma	il Stop ISSUE FEE addres	s above, or being facsimile
North Tower, 6th Floor MORRISTOWN, NJ 07960-6834				ransmitted to the USI	TO (\$71) 273-2885, on the	date indicated below. (Depositor's name)
			ŀ			(Signature)
			į			(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVENTO		OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/810,485 03/26/2004			Raymond Liberatore		LIBE 58	8130
TITLE OF INVENTION:	SPREADER					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	02/04/2008
EXAMI		ART UNIT	CLASS-SUBCLASS			
WALCZAK, DAVID J 3 1. Change of correspondence address or indication of "Fee A		3751	401-262000			
CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Myers Wolin, LLC			
Address form PTO/SB/			or agents OR, alternatively, (2) the name of a single firm (having as a member a			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patern attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AN						
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Please check the appropria	te assignee eategory or	eategories (will not be pr	rinted on the patent):	☐ Individual ☐ C	orporation or other private g	roup entity Government
4a. The following fec(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee Publication Fee (No	amall autitu diaaauut	· · · · · · · · · · · · · · · · · · ·	☐ A check is enclosed. ☑ Payment by credit card. Form PTO-2038 is attached. (EFS-WEB)			
Advance Order - #			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3894 (enclose an extra copy of this form).			
			overpayment, to De	eposit Account Numb	er 50-3894 (enclose	an extra copy of this form).
 Change in Entity State a. Applicant claims 			☐ h Annlicent is no l	onger elaiming SMA	LL ENTITY status. See 37 (EP 1 27(a)(2)
						the assignee or other party in
interest as snown by the re	cords of the Office Sta	tes ratent and Trademark	Office.			
Authorized Signature/Harris A. Wolin/			Date November 7, 2007			
Typed or printed name Harris A. Wolin			Registration No. 39,432			
This collection of informa an application. Confidenti submitting the completed this form and/or suggestio Box 1450, Alexandria, Vir Alexandria, Virginia 2231	tion is required by 37 C ality is governed by 35 application form to the ns for reducing this bur rginia 22313-1450. DC 3-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the ONOT SEND FEES OR 6	on is required to obtain on 1.14. This collection is depending upon the in e Chief Information Off COMPLETED FORMS	or retain a benefit by estimated to take 12 dividual case. Any e ficer, U.S. Patent and TO THIS ADDRES	the public which is to file (a minutes to complete, includ omments on the amount of Trademark Office, U.S. De S. SEND TO: Commissione	nd by the USPTO to processing gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.